## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	2/12/14	Address:	115 W. Williams St.
Incident #:	: 14ISPC001122		Argos, IN
<b>County</b> :	<u>Marshall</u>		<u>46501</u>
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (o  Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
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Items Found: Location (bedroom, kitchen, open air, etc)         (check all that apply)			
Child under age 18 discovered (check appropriate)  Yes (number present)  No Children not present but evidence they reside or visit often Living conditions of home: Clean disarray unclean Estimated length of time manufacturing had been occurring: Weeks Additional Information: Strong Ammonia in freezer  This report has been faxed* to the following agencies that serve the location:			
Fire Depart Health Dep Departmen	ement: Argos VFD partment: Marshall County t of Child Services: information regarding this methamph	Fax: 574-8 Fax: (574) Fax:	992-4758 936-9247 -

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.